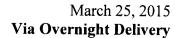
| (Caption of Case) |                          |   |             |                                 |              | BEFORE THE PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA |                          |                          |             |               |  |
|-------------------|--------------------------|---|-------------|---------------------------------|--------------|--|--------------------------|--------------------------|-------------|---------------|--|
|                   |                          |   |             |                                 | )<br>)       | C  | OVER LI                  | ETI                      | <b>TER</b>  |               |  |
|                   |                          |   |             |                                 | )<br>)<br>)  | DOCKET<br>NUMBER:                                      | o15                      | 12                       |             | A             |  |
|                   |                          |   |             |                                 | )<br>)<br>)_ |  |                          |                          |             | 1.51          |  |
| •                 | se type or print)        |   | unic        | ations International Corp       |              | SC Bar Number:   |                          |                          | 1           | :<br>         |  |
|                   | ress:                    | 606 East Magrill Street                       |             |                                 |              | Telephone:   | 903-757-4                | 4455 Ext. 1004           |             |               |  |
| 71444             | 1 055.                   | Longview, TX 75601                            |             |                                 |              | Fax:   | 903-247-0                | 765                      |             |               |  |
|                   |                          |   |             |                                 | _            | Other:   |                          | ephanie.jackson@ncic.com |             |               |  |
|                   |                          |   |             | ontained herein neither replace |              | Email:   |                          |                          |             |               |  |
| be fi             | Emergency Rel Other: Aut | tely.  DO ief demanded in phorized Utility Re | CK<br>petit | entative                        | AT<br>st fo  |  | nt apply)<br>n Commissio | on's                     | Agenda exp  |               |  |
| INI               | DUSTRY (C                | neck one)                                     |             | Affidavit                       |              | Letter   |                          |                          | Request     |               |  |
|                   | Electric                 |   | _           |                                 |              | Memorandum   |                          |                          | Request for | Certification |  |
|                   | Electric/Gas             |   |             | Agreement                       |              |  |                          | _                        | Request for | Investigation |  |
|                   | Electric/Telec           | ommunications                                 |             | Answer                          |              | Motion   |                          |                          | Resale Agr  |               |  |
|                   | Electric/Water           | <del>.</del>                                  |             | Appellate Review                |              | Objection  |                          |                          | Resale Am   |               |  |
|                   | Electric/Water/Telecom.  |   |             | Application                     |              | Petition   |                          |                          | Reservation |               |  |
|                   | Electric/Water/Sewer     |   |             | ☐ Brief                         |              | Petition for Reconside                                 |                          |                          |             | I Letter      |  |
|                   | Gas                      | Gas   |             | Certificate                     |              | Petition for Rulemaki                                  |                          |                          | Response    | o Discovery   |  |
|                   | Railroad                 |   |             | Comments                        |              | Petition for Rule to S                                 | how Cause                |                          | =           |               |  |
|                   | Sewer                    | Sewer   |             | Complaint                       |              | Petition to Intervene                                  |                          |                          | Return to F |               |  |
| —<br>区            | Telecommuni              | cations                                       |             | Consent Order                   |              | Petition to Intervene                                  | Out of Time              |                          | Stipulation |               |  |
|                   | Transportation           |   |             | Discovery                       |              | Prefiled Testimony                                     |                          |                          | Subpoena    |               |  |
|                   | Water                    |   |             | Exhibit                         |              | Promotion  |                          |                          | Tariff      |               |  |
|                   | Water/Sewer              |   |             | Expedited Consideration         |              | Proposed Order   |                          |                          | Other:      |               |  |
|                   | Administrativ            | e Matter                                      |             | Interconnection Agreement       |              | Protest  |                          |                          |             |               |  |
|                   | Other:                   |   |             | Interconnection Amendment       |              | Publisher's Affidavit                                  |                          |                          |             |               |  |
|                   |                          |   |             | Late-Filed Exhibit              | X            | Report   |                          |                          |             |               |  |





2600 Maitland Center Pkwy.

Suite 300

Maitland, FL 32751

P.O. Drawer 200

Winter Park, FL

32790-0200

Tel: 407-740-8575

Fax: 407-740-0613

www.tminc.com

Clerk's Office South Carolina Public Service Commission 101 Executive Center Dr.

Columbia, SC 29210

...., ... - -, ...

RE: Network Communications International Corp

SC Authorized Utility Representative

Dear Sir or Madam:

Enclosed please find a copy of the SC Authorized Utility Representative, filed on behalf of Network Communications International Corp. No check is enclosed as there are no remittance fees due.

Questions regarding this filing should be directed to my attention at 407-740-8575. Thank you for your assistance in this matter.

Sincerety,

Phyllis Miller

Compliance Reporting Specialist

cc: Stephanie Jackson - Network Communications International Corp

file: Network Communications International Corp - Reporting - South Carolina

PM/ab

## AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS TYPE: []IXC [X]CLEC []ILEC [] Wireless

|             |   | CERTIFICATED COMPANY                 | INFORMATION                             |                 |             |
|-------------|---|--------------------------------------|---|-----------------|-------------|
| Ne          | etwork Communications Internation                             | onal Corp                            |   |                 |             |
|             | ompany Name   | ·                                    | FEIN/SSN<br>888-686-3699                |                 |             |
| Db          | pa/fka  |                                      | Telephone #                             |                 |             |
|             | 06 East Magrill Street  |                                      | •                                       |                 |             |
|             | ailing Address  |                                      |   | :               | •           |
| Lo          | ngview, TX 75601  |                                      |   |                 |             |
| Ci          | ty, State, Zip Code   |                                      |   | Ż.              |             |
|             | 6 East Magrill Street   |                                      |   |                 | * *         |
|             | siness Location   |                                      |   | 73<br>4         |             |
|             | ngview, TX 75601  |                                      |   | :               | :           |
| Ci          | ty, State, Zip Code   |                                      | County                                  |                 |             |
| Reg<br>Mai  | pistered Agent: National Registering Address: 2 Office Park C | ered Agents, Inc.<br>ourt, Suite 103 |   |                 |             |
| City        | , State, Zip Code: Columbia,                                  | SC 29223                             |   |                 |             |
|             | nt to the Commission's rule:                                  |                                      | type company contact                    | for the follo   | owing areas |
| Juu         | Stephanie Jackson   |                                      |   |                 |             |
| Α.          | General Manager (Include Ad                                   | dress if different than above)       |   |                 |             |
| <i>/</i> \. | 903-757-4455 Ext. 1004  | / 903-247-0765                       | /stephanie.jackson@n                    | cic.com         |             |
|             | Telephone Number<br>Donna Sumrow                              | / Facsimile Number                   | / E-mail Address                        |                 |             |
| B.          | Customer Relations/Compla                                     | ints Representative (Include         | Address if different than at            | oove)           |             |
|             | 903-757-4455  | / 903-247-0765<br>/ Facsimile Number | / donna.sumrow@ncic<br>/ E-mail Address | o.com           |             |
|             | Telephone Number<br>Donna Sumrow                              | / Facsimile Number                   | / L-man / duress                        |                 |             |
| C1.         | Customer Relations/Complathan above)                          | ints Representative for Esca         | lated Complaints (Include               | e Address if di | fferent     |
|             | 903-757-4455  | / 903-247-0765                       | / donna.sumrow@ncic                     | c.com           |             |
|             | Telephone Number<br>888-230-4523                              | / Facsimile Number                   | / E-mail Address                        |                 |             |
| C2.         | <b>Customer Contact</b> (Toll Free                            | Number)                              |   |                 |             |
| D.          | Engineering Operations (Incl                                  | ude address if different than al     | pove)                                   |                 |             |
|             | Telephone Number  | / Facsimile Number                   | / E-mail Address                        |                 |             |
| E.          | Test and Repair (Include add                                  | ress if different than above) /      | /                                       |                 |             |
|             | Telephone Number<br>Randy Reeves                              | / Facsimile Number                   | / E-mail Address                        |                 |             |
| F.          | Emergencies (During Non-Off<br>888-686-3699                   | ice Hours)<br>/ 903-757-4899         | / randy.reeves@ncic.co                  | om              |             |
|             | Telephone Number  | / Facsimile Number                   | / E-mail Address                        |                 |             |

| Stephanie Jackson                           |                                      | Director, Billing and Collections       |  |  |  |  |  |
|---|--------------------------------------|---|--|--|--|--|--|
| Regulatory Officer                          |                                      |   |  |  |  |  |  |
| 606 East Magrill Street, Longview, TX 75601 |                                      |   |  |  |  |  |  |
| (Mailing Address)                           |                                      |   |  |  |  |  |  |
| 903-757-4455 Ext. 10                        |                                      | / stephanie.jackson@ncic.com            |  |  |  |  |  |
| Telephone Number                            | / Facsimile Number                   | / E-mail Address                        |  |  |  |  |  |
| Phyllis Miller                              |                                      | Compliance Reporting Specialist         |  |  |  |  |  |
| Annual Report Mailings (Name & Title)       |                                      |   |  |  |  |  |  |
| P.O. Drawer 200, Winter Park, FL 32790-0200 |                                      |   |  |  |  |  |  |
| (Mailing Address)                           |                                      |   |  |  |  |  |  |
| 407-740-3035                                | 407-740-0613                         | pmiller@tminc.com                       |  |  |  |  |  |
| Telephone Number                            | / Facsimile Number                   | / E-mail Address                        |  |  |  |  |  |
| Phyllis Miller                              |                                      | / E mail / (dat 050                     |  |  |  |  |  |
| Dual Party Mailings (Name & Title)          |                                      |   |  |  |  |  |  |
| P.O. Drawer 200, Winter Park, FL 32790-0200 |                                      |   |  |  |  |  |  |
| (Mailing Address)                           |                                      |   |  |  |  |  |  |
| 407-740-3035                                | / 407-740-0613                       | / pmiller@tminc.com                     |  |  |  |  |  |
| Telephone Number                            | / Facsimile Number                   | / E-mail Address                        |  |  |  |  |  |
| Phyllis Miller                              |                                      | Compliance Reporting Specialist         |  |  |  |  |  |
| Interim LEC Fund Mailings (Name & Title)    |                                      |   |  |  |  |  |  |
| (Mailing Address)                           | er Park, FL 32790-0200               |   |  |  |  |  |  |
| 407-740-3035                                | / 407-740-0613                       | / pmiller@tminc.com                     |  |  |  |  |  |
| Telephone Number                            | / Facsimile Number                   | / E-mail Address                        |  |  |  |  |  |
| Phyllis Miller                              | r i dodinino ridiribor               |   |  |  |  |  |  |
|   | nd Mailings (Name & Title)           | Compliance Reporting Specialist         |  |  |  |  |  |
| P.O. Drawer 200, Winte                      | er Park, FL 32790-0200               |   |  |  |  |  |  |
| (Mailing Address)                           |                                      |   |  |  |  |  |  |
| 407-740-3035                                | / 407-740-0613                       | / pmiller@tminc.com                     |  |  |  |  |  |
| Telephone Number                            | / Facsimile Number                   | / E-mail Address                        |  |  |  |  |  |
| Phyllis Miller                              |                                      | Compliance Reporting Specialist         |  |  |  |  |  |
| Gross Receipts Mailings (Name & Title)      |                                      |   |  |  |  |  |  |
| P.O. Drawer 200, Winter Park, FL 32790-0200 |                                      |   |  |  |  |  |  |
| (Mailing Address)<br>407-740-3035           | / 407-740-0613                       | / non-illan Otaniana a sere             |  |  |  |  |  |
| Telephone Number                            | / 407-740-0613<br>/ Facsimile Number | / pmiller@tminc.com<br>/ E-mail Address |  |  |  |  |  |
| •   | / Lacontine Nutriber                 |   |  |  |  |  |  |
| Phyllis Miller  Lifeline Mailings (Nat      | me & Title)                          | Compliance Reporting Specialist         |  |  |  |  |  |
| P.O. Drawer 200, Winter Par                 |                                      |   |  |  |  |  |  |
| (Mailing Address)                           | N, I C 02100-0200                    |   |  |  |  |  |  |
| 407-740-3035                                | / 407-740-0613                       | / pmiller@tminc.com                     |  |  |  |  |  |
| Telephone Number                            | / Facsimile Number                   | / E-mail Address                        |  |  |  |  |  |
|   | ·                                    |   |  |  |  |  |  |
| . SHAR                                      | ON R. WALLEN                         | 1 Shaa A 610                            |  |  |  |  |  |
| This form was comple                        |                                      | Signature                               |  |  |  |  |  |
| TECHNOLO                                    | OGIES MANAGEMENT INC.                | Signature<br>3-16-15                    |  |  |  |  |  |
| AS /  | ATTORNEY-IN-FACT                     | Date                                    |  |  |  |  |  |
| BY SHARON                                   | R. WARREN, CONSULTANT                | Date                                    |  |  |  |  |  |
| N COMPLETED FORM                            | TO: Public Service Commission of     | of SC Office of Regulatory Staff        |  |  |  |  |  |
|   | Docketing Department                 | And Attn: Jeanne Gordon                 |  |  |  |  |  |
|   | Post Office Drawer 11649             | 1401 Main Street, Suite 900             |  |  |  |  |  |
|   | Columbia South Carolina 29           | 1211 Columbia South Carolina 20201      |  |  |  |  |  |

Columbia, South Carolina 29211

(Rev. PSC/ORS 2014)